



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease Prevention, Response and Services
Division of Epidemiology and Immunization
Office of HIV/AIDS

Health Advisory

Meningococcal Vaccine Recommendations for Men Who Have Sex with Men October 25, 2012

The New York City (NYC) health department has reported an outbreak of meningococcal disease in men who have sex with men (MSM) and has recommended vaccination of HIV-infected MSM who are NYC residents and who had intimate contact with other men met through online websites, digital applications (“apps”) or at bars or parties since September 1, 2012. While meningococcal vaccine is not recommended specifically for MSM or people with HIV infection except under particular circumstances, it is recommended for travel to places with ongoing outbreaks of meningococcal disease. **Therefore, the Massachusetts Department of Public Health (MDPH) recommends immunizing MSM, especially those with HIV infection, if their travel or travel plans include visiting NYC with expected close social interaction with other MSM, or such social interaction with men from NYC occurs on a regular basis.**

Outbreak Epidemiology

Since 2010, NYC has identified 14 cases of invasive *Neisseria meningitidis* (predominantly serogroup C) infection among MSM residing in NYC. There was one case in 2010, four in 2011, and nine cases in 2012. The most recent case was hospitalized on October 18, 2012. All cases were men between 21 and 59 years old. Nine cases were HIV-infected. Four patients have died, 3 of whom were HIV-infected. The approximate annual incidence rate in MSM in NYC is 5.9 per 100,000. In contrast, the rate of invasive meningococcal disease (all serogroups) in all other New Yorkers is 0.25 per 100,000. For the latest information on the NYC outbreak, visit their health department’s website, www.nyc.gov/doh.

No significant increase in Massachusetts cases of meningococcal disease has occurred, and no clusters in any group have been identified. The rate of invasive meningococcal disease (all serogroups) in Massachusetts over the past 6 years has also been 0.25 per 100,000. *Please note that this health advisory is not related to the recent multistate outbreak of meningitis and stroke caused by potentially contaminated epidural steroid injections.*

Vaccine Recommendations

Based on the recent increase in cases in NYC, and the high case fatality rate among HIV-infected MSM in NYC, MDPH is extending the NYC Department of Health and Mental Hygiene recommendation to Massachusetts residents and advises providers to administer meningococcal vaccine to MSM, especially those with HIV-infection, who have had recent close contact or will have close contact with a man who is known to be, or could potentially be, from NYC. Contact includes: kissing, sharing water bottles, sharing eating/drinking utensils, sharing cigarettes or being within a 3 foot distance for 8 hours or more

The benefits of meningococcal vaccine should be also discussed with other MSM not meeting these contact criteria. Vaccination post-exposure will protect the patient from future exposures. Close contacts of known cases of invasive meningococcal disease should receive antibiotic treatment as soon as possible after exposure.

Meningococcal vaccines protect against *N. meningitidis* serotypes A, C, Y, and W135. Menactra® (Sanofi) or Menveo® (Novartis) conjugate vaccine should be used for adults 55 years of age and younger. See table below. For individuals 56 years and older, only Menomune® (Sanofi) polysaccharide vaccine is approved for use. HIV-infected individuals should receive two vaccine doses, with the second dose ideally administered eight weeks or longer after the first dose, with booster doses every 5 years.

The table below highlights some of the differences between the three formulations. Please refer to package inserts for more specific information about these products and their schedules.

Trade Name (Manufacturer)	Type of Vaccine	Ages	Route
Menveo® (Novartis) package insert	Conjugate (MCV4-CRM)	2 through 55 years	IM
Menactra® (Sanofi) package insert	Conjugate (MCV4-D)	9 months through 55 years	IM
Menomune® (Sanofi) package insert	Polysaccharide (MPSV4)	≥ 56 years*	SQ

* Menomune® may be used in those 2 through 55 years. But the conjugate vaccines (Menveo® and Menactra®) are the preferred formulations for those 2 through 55 years.

For additional guidance about immunizations, please see [CDC's Recommended Adult Immunization Schedule, 2012](#).

Vaccine Availability

- Patients may receive vaccine through their healthcare provider. At this time, there is no MDPH-supplied meningococcal vaccine for adults. Pediatric vaccines provided by MDPH can only be used in patients 18 years old and younger.
- Please note, MDPH only provides MCV4 (either Menveo® or Menactra®) for use in adolescents and a limited amount for high risk children through 18 years of age.
- If providers wish to privately purchase Sanofi's Menactra® or Menomune® for their adult patients, please visit www.vaccineshoppe.com or call 800-822-2463. For patients with financial challenges, they have a patient assistance program called the [Sanofi Patient Connection](#).
- If providers wish to privately purchase Novartis' Menveo® for their adult patients, please visit www.novartisvaccinesdirect.com or call 877-NV-DIRECT (877-683-4732). For patients with financial challenges, Novartis has a Reimbursement Support Center that can be accessed through their main website.

If you have questions about ordering vaccine, please contact the MDPH Vaccine Management Unit at 617-983-6828 for additional guidance. If you have questions about recommendations for meningococcal vaccine, please call 617-983-6800 and ask to speak to an immunization epidemiologist or nurse. If you have questions about meningococcal disease prevention in the context of HIV infection, please contact the Office of HIV/AIDS at 617-624-5303 and ask to speak to the clinical advisor. A fact sheet about meningococcal disease for patients is available at mass.gov/dph/epi.

Both suspect and confirmed cases of invasive meningococcal disease are reportable within 24 hours to the board of health in the community where the case is diagnosed or to MDPH (617-983-6800) if the local board of health is not available.